

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

TREATMENT ROOM PROCEDURES FLOWSHEET

OTSG APPROVED (Date)

INTRAVENOUS THERAPY**IV:**

TIME	AREA	GAUGE	FLUID	RATE	INITIALS

VITAL SIGNS:

TIME									
TEMP									
BP	/	/	/	/	/	/	/	/	/
PULSE									
RESP									
O2 SAT % *									
O2									
INITIALS									

NEBULIZER TREATMENTS

TIME				
DOSE				
PEAK FLOW				
PULSE				
RESP				
O2 SAT % *				
INITIALS				

ORDERS:

Time:

Initials:

NOTES:

* O2 SAT % = Oxygen Saturation percentage in bloodstream.

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- ☐ HISTORY/PHYSICAL ☐ FLOW CHART
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Specify)
☐ DIAGNOSTIC STUDIES
☐ TREATMENT